PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG -8 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24533

1. Corporation Name

BUCKINGHAM HOMEOWNER'S ASSOCIATION OF POLK COUNTY, INC.

REINSTATEMENT 91-03
700022176471
08/08/03--01064--017 **980.00

2. Principal Office Address		**3.** Mailing Office Address	
P.O. BOX 90594 Lakeland, Fla. 33804		P.O. Box 90594	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, Florida		City & State Lakeland, Florida	
Zip 33804-7594	Country USA	Zip 33804-7594	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/27/88

5. FEI Number 592956002 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Norma J. Israel

Street Address (P.O. Box Number is Not Acceptable): 1818 Sir Henry's Trail

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Norma J. Israel, Registered Agent as Treasurer Date 7/30/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Al Gage	1531 Little John's Tr.	Lakeland, Fl. 33809
V.P.	Julie Gage	1531 Little John's Tr.	Lakeland, Fl. 33809
Treas	Norma J. Israel	1818 Sir Henry's Trail	Lakeland, Fl. 33809
Sec.	Julie Gage	1531 Little John's Tr.	Lakeland, Fl. 33809

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Norma J. Israel NORMA J. ISRAEL 7/30/03 863-815-8571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/12